## **Independent Citizens Redistricting Commission**

Application Review and Quality Control Sheet

	_					
Applicant Name: Leonard  Date Received: 2/22/13 A	d Saul Baum	el				
Applicant vanie.		0520				
Date Received: F	ipplicant Number:	The state of the s				
Recommended Applicant Pool Status:						
☐ Removed	Mincluded	Removed				
12 micidaed Esternos						
REQUIREMENTS:						
	ission deadline?	☑Yes ☐No				
If NO, list time/date application was received:						
2. Is the application complete?	14Yes LINO					
If NO, list the item(s) that need to be completed:						
3. Indicate how the applicant responded to the following questions:						
A. Student enrolled in a college/university in	the City of Austin?	□Yes □No				
If YES, consider I and ii only; If NO, consider	·I, ii, iii, and iv:	,				
i. Reside in the City of Austin?		□Yes □No				
ii. Registered to vote in the City of A	ustin?	☐Yes ☐No				
iii. Continuously registered to vote ir	the City of Austin?	☐Yes ☐No				
iv. Voted in 3 of the last 5 City of Aus	tin general elections?	☑Yes □No				
Follow-up needed related to REQUIREMENTS  If YES, identify issue(s) addressed and disper	? osition:	□Yes □No				

## Independent Citizens Redistricting Commission Application Review and Quality Control Sheet

<u>CC</u>	INFLICTS OF INTEREST:
4.	Did the applicant respond "Y  If YES, indicate which que

□Yes ZINo
□yes 41No
Yes DNo
□Yes □No
7 (2/ /19

4.	Did the applicant respond "Yes" to any	y conflict of interest o	questions?	LIYes LINO
	If YES, indicate which question(s):			
				2 <b>A</b> 1
*	Follow-up needed related to CONFLIC	TS OF INTEREST?		□Yes □No
*	If YES, identify issue(s) addressed a			
	ij TES, luentijy issuejs) dautesseu o	110.000		
CC	<u> DNSISTENCY:</u>			
5.	Are applicant answers consistent?			☐Yes ☐No
	If NO, indicate which answer(s):			
÷	Follow-up needed related to CONSIST	TENCY?		□Yes □No
*	If YES, identify issue(s) addressed of			
	ŋ 125, taentgy 15586(5) accident	•		
Г	n.			7 176 /13
	Application Reviewed By:	-	Review Date:	11
	241	1.	QC Review Date: _	2/28/13
1	Quality Control Review By:			
,	follow-up Contact(s) Reviewed By:	A	Date:	